FOR INSTRUCTIONS, SEE BACK OF FORM	ORM
DISCLOSURE SUMMARY PAGE	DR-2 DISCLOSURE
Similar to the same as on statement of Organization	ev. 07/2003) REPORT
IMPORTANT: Indicate type of committee you are reporting for:	mm. #
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee	nned
CANDIDATE COMMITTEES ONLY	dited
Candidate Name Political Party	
Mary Mascher We 20 200 Democrat	
Office Sought House of Representatives pm 7-19 District (if Senate or House) 77	
Trouse of the production of th	
lando (arter 319-338-5922	7/16/04
SIGNATURE OF TREASURER (or person filling this report) TELEPHONE	DATE SIGNED
Late filed reports are subject to possible civil and criminal pe	nalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
I AM FILING A 19 19 19 19 19 19 19 19 19 19 19 19 19	NON-ELECTION YEAR.
(report date)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Indicate one	mittees, enter Date of Election
	Wember 2, 2004
County & L	ocal Committees, enter County in
Charle of this is final (Associated) separt and attach Notice of Dissolution Form DP.3	tion is held Thinson
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$	4451.04
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1210.00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	,
SUB-TOTAL\$	5661.04
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	<u>5661.04</u> 1189,65
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1187,65
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must	11/17/ 29

**UNPAID BILLS (From Schedule D - Attach Schedule D)......\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

SCHEDULE	
A	MONETARY
(Rev. 07/03)	RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6/26/04	ID# CK#	F. John Herbert 905 Third St. SE # 510 Cedar Rapids, IA 52401		\$ 25-00	
929/04	ID# CK#	Eileen Q. Tomlinson 800 W. Boston Indianola, FA 50115		25%	
7/2/04	ID# CK#	Jerome J. Howe 1995 Holiday Rd. Coralville, FA 52241		100	
7/2/04	ID# CK#	Clifford J. Paulsen 615 Park St. apt. #1204 Des Moines, IA 50309		50%	
7/2/04	ID# CK#	David R. Learning 2415 E. 34th St. Des MO(NES, IA 50317-3206		50	
7/2/04	ID# CK#	Carmen L. Janssen site 4090 Westown Parkway A302		4000	
7/3/04	ID# CK#	T, L. Hofmann the Apt 104A 4/1 E. Market St. Apt 104A I Dura Coty, IA 52245		15	
7/3/04	ID# CK#	John M. Ely, Jr. 203: 23 st. N.E.		4000	
7/6/04	ID# CK#	Colar Rapids, IA 52402 Holly Hart P.O. Box 2448		5 00	
7/6/04	ID# CK#	Jane BiBrown 910 Brook View Dr. Altoona, IA 50009-1081		10 00/	
		TOTAL (if last page	SUB-TOTAL	\$360°	

Electorum jaur matrime conditate committees to disclose the relationship of any relative making a contribution to the

marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of___3

Reset Form

SCHEDULE

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

Α MONETARY (Rev. 07/03) **RECEIPTS** CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM

ELECT MASCHER TO

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or ter any commercial purpose by any person other than statutory political committees.

DAIE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	1 / 15 505
RECEIVED	(if applicable)	The state of the s	TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK	1	(if applicable)	112021125	RAISER
	NUMBER				INCOME
7/	ID#	Patrick J. Muller			
7/7/04	CK#	420 Iowa St. P.O. Box 406	ĺ	\$ 80/	
107		Hills, FA 52235		125	L
	ID#			100	
1/2/1 .		Carolyn Jones		00/	
7/8/04	CK#	810 8th, aux NW		130	1 1
		Independence, IA 50644			
11	ID#	Astilei, Super		00/	
7/8/04	CK#	2201ERose ave, apt # 26			
1/0/04	Ortin	DES MOINES, IA 50320		50	
	ID#			 	
7101		Patricia D. Skora		00	l r
1/8/84	CK#	203 Riverst. apt #5		10	
7 7 7	ID.	Iowa City, IA 52246		1/2	
7/41	ID#	Kate Gronstal		00	
7/8/04	CK#	220 Bennett ave.		1 ~ ~ ~	
/ - /		Council Bluffs IA 57508		05	L
FI	ID#	Lois E. James 314/2 E. Barlington sti			
1/91		Lois & Buchmaton Sti		_ 00/	
7/9/04	CK#	3142 000 70		50	
	ID#	Iswa CHy, IA 52240			
7/12/04	1011	Linda Mc Guire		00	
112/04	CK#	618 Ronalds St		1,,00	
, ,		Iawa City, IA 53245		10	
71, , ,	ID# 635%	Freedom Kund PAC			
7/12/64	, i	851 1965 St.		00	
′ '	CK# /220			200	
11	1D#	Des MOINES, IA 50314		200	
7/12/04	1517	Mary Burns		65	
11904	CK#	3709 Cottage Reserve Koad		250	
		Solon, IA 52333		200	L [
7/	ID#	Lyn Dec Hook 3763 Cottage Reserve Rd NE			
7/12/04	CK#	3703 Cottage Reserve Kd NE	ļ	_au	
' ' '	UN#	Solon, FA 52333		25	
			CUR TOTAL	7	
		· ·	SUB-TOTAL	\$ 680	•
TOTAL (if last page of this schedule)					
OTAL (II last page of this schedule)					

The location is a marriage condition committees to disclose the relationship of any relative making a contribution to the

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship solumn.

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) ELECT MASCHER COMMITTER TO

SCHEDULE	
Α	MONETARY
(Rev. 07/03)	RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial number by any person other than statutory political committees.

The state of the s				· · · · · · · · · · · · · · · · · · ·	
RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND- RAISER INCOME
	ID#	David M. Gilehrist			
7/12/04	CK#	David M. Gilehrist 3705 Cottage Reserve Rd. N.E. Solon, IA 52333 Doris Thompson 3747 Cottage Reserve Rd NE.	H	100	
	ID#	Davis Thompson 115		-	
7/12/04 7/12/04 7/12/04 7/12/04	CK#	I ルンバルローエグ ラグラフラー I		2500	
-	ID#	Barbara G. Stephens		ر ثر	
7/12/04	CK#	Barbara G. Stephens 3737 James Ln. NE. 50100, IA 52333-9232 Marita McGurk-Eicher		2500	
<i>/</i> 7 .	ID#	Marita McGark-Eicher		6 0	
1/12/04	CK#	JOWN CHY, IA 52240		20	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#	· · · · · · · · · · · · · · · · · · ·			
	CK#				
	ID#				
	014#				
	CK#				
	ID#				
	CK#				
	ID#				
	СК#				
		· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL		
		TOTAL (if last page of		\$ 170	
4 Tilerine on incomp	uiras condidata com alitac	க to disciose the relationship of any relative making a contribution t	to the	\$ 1210	_

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

COMMITTEE NAME (Must be same as on Statement of Organization)

COM.	MITTEE	TO ELECT MASCI	HER	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7,	ID#	U.S. Postmuster	,	
7/6/04	CK#	Lowa City IA53240	Stamps	\$ 2300
6/ 400	ID#	Midwestern Legislative Confe	received to the and	- 02'
6/10/04	CK#	Lombard, IL 60148	Fees for conference	275
10/11/	ID#	Apro Rental	Decorations for	148 13
6/11/04	l	Aero Rental 227 Kirkwood ave. Jour City, IA 52248	fundraiser	148
492	ID#	Every Blooms' Thing 2 Rocky Shore Drive	Day to G	10
(e) 11/04 (a) 493	CK#	2 Rocky Shore Drive Down City, IA Style	Decorations for fundraiser	56
10, 493	ID#	· · · · · · · · · · · · · · · · · · ·	Office Supplies	41
6, 493 122/04	CK#	Staples 911 Haghway 1 West Iown City, IA 52246		118 41
(0) 494	ID#		Good for	00/
6/22/04		Papa John's 329 S. Gilbert Jawa City, IA 52240	Caupaign workers	34 ⁰⁹ /
6,	ID#	Post muster	Strups and	91
6/23/ 104		400 S. Clinton Town City, IA52240	Shups and mailing Costs	381 91
7/,	ID#	John Deeth 422 Brown St. #9	Mailing labels for June 11 Event	_ 50/
7/6/04	CK#	Journ City IA 5-2240	for June 11 Event	1525%

THIS RO	OX APP	LIES TO	CANDIDA'	TES' COMM	ITTEES ON	LY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)

			,
n	1	- 2	/
Page		or	

SUB-TOTAL

TOTAL (if last page of this schedule)

FUK INSTRUCTIONS, SEE BACK OF FURM	Reset Form	FORM
DISCLOSURE SUMMARY PAGE		DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	1	(Rev. 07/2003) REPORT
COMMITTEE NAME (Must be same as on Statement of Organization)	wer_	For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for:		Comm. # 863
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Loca (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee	l Candidate	Logged In
(8)Support State of Candidates		Computer
CANDIDATE COMMITTEES ONLY:		Audited
Candidate Name Political Part		
Mary Mascher Office Sought Dem District (if Se	ccrat	
Office Sought House of Representatives pm 7-15 District (if Se	enate or House)	
21 /7 2		
rando (arter 31	9-338-592	12 7/14/04
	EPHONE	DATE SIGNED
Late filed reports are subject to possible	civil and crimin	al penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWIN		
AM FILING A July 19 2004 REPORT FO	R AN/A (1) ELECTI	ON /(2)NON-ELECTION YEAR.
(report date)		
Indicate one /		
CHECK IF AMENDMENT TO REPORT DATED		al Committees, enter Date of Election
		November 2, 2004
Check if this is final (termination) report and attach Notice of Dissolution F (You must continue to file reports until a Notice of Dissolution is filed	orm DR-3. which	nty & Local Committees, enter County in the Election is held and own Sour
<u>'</u>		
STATEMENT OF CASH	ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of by the committee. This amount MUST be the same as the cash on of the last reporting period, or must be zero if this is first report filed.	hand at the end	s 4451.04
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,	
Schedule A: Cash Contributions total (Attach Schedule A) (*also se	e in-kind below)	1210,00
Schedule F: Loans Received total (Attach Schedule F)	•	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	••••
(Schedule H applies to Candidates' Committees Only)		<u> </u>
	SUB-TOTAL	s <u>5661,04</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see del	bts and loans below) <u>23,00</u>
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance means be zero) (Attach DR-3)	•••••	s <u>5638,04</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		
	••••••••••	
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
[L

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)					
COMMITTER	70	ELECT	MASCHER		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions of the commercial number by any person other than statutory political committees.

	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
126/04	ID# CK#	F. John Herbert 905 Third St. SE # 510 Cedar Rapids, IA 52401		\$ 25-00	
	ID#	Eileen Q. Tomlinson 800 W. Boston		00	
129/04	CK#	Tudianola, IA SOLLS		25	L
	ID#	Jerome J. Howe		00/	
7/2/04	CK#	1945 Holiday Rd. Coralville, FA 52241		100	L
71	ID#	Clifford T. Pauken		ريور	
1/2/04	CK#	615 Park ST. apt. #1204 Des Moines, IA 50309		50	
7/2/	ID#	David R. Leaming		cci	
12/04	CK#	2415 E. 34th St. Des MO(NES, IA 50317-3206		50	<u> </u>
2/04	ID#			,00	
2/04	CK#	Carmen L. Janssen sufe 4090 Hestown Parkway 4302 West Des MOINES, IA 50000		40	<u> </u>
7/-2	ID#	T. L. Hofmann Apt 104A		00	
1/3/04	CK#	I owa City, IA 52245		15	
7/2	ID#	John M. Ely, Jr. 203 23 5t. N.E.		00	
7/3/04	CK#	203 23 5t. N.E. Celar Rapids, IA 52402		40	
7/1	ID#	Hally Hart	-	00/	
7/6/04	CK#	P.O. Box 2448 Towa City, IA 52244-2448		5	
7/6/04	ID#	Time B. Brown		00/	
16/04	CK#	910 Brook View Dr. Altoona, IA 50009-1081		10	
			SUB-TOTAL	:360°	
		TOTAL (if last page of	of this schedule)	\$	

****Clorum (a) The matters constitute committees to discusso the relationship of any relative making a contribution to

marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of 3

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

Research	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or any person other than statutory political committees.

DAIE	PAC ID NUMBER				
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
7/.	ID#	Patrick J. Muller			INCOME
7/7/04	CK#	420 Fowa St. P.O. Box 406 Hills, FA 52235		\$	
	ID#	Carolun, Jones		105	
7/8/04	CK#	810 8th, aux NW		300/	
	ID#	Independence, IA 50644		100	
1/8/04	CK#	Astiles, Super- 2201ERose aux. Apt # 26		57)	
71-1	ID#	Patricia D. Skora		50	
7/8/84	CK#	203 Riverst. apt #5 Towa City, TA 52246		1500	
7/4	ID#	Kate Gronstal		7)	
10/04	CK#	Council Bluffs TA 57523		2500	
7,	ID#	Lois E. James			
19/04	CK#	314/2 E. Burlington str Jawa City, IA 52240		5000	
71.	ID#	Linda Mc Guire			
1/12/04	CK#	618 Ronalds st Towa City, IA 55245		1000	
1/2/04	ID# 635%	Freedom Fund PAC		10	
	CK#/220	Des MOINES, IA 50314		200	
1/12/04	ID#	Mary Burns		300	
1704	CK#	3709 Cottage Reserve Koad Solon, IA 52333		2509	
1/12/04	ID#	Lyn Dec Hook			
11404	CK#	Lyn Dec Hook 3763 Cottage Reserve Rd NE Solon, IA 52333		35-04	
	·		UB-TOTAL	1 61 00	
		TOTAL (if last page of in discince the relationship of any relative making a contribution to	this schedule)	680	

marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/12/04 7/12/04 7/12/04 7/12/04	ID# CK#	David M. G. lehrist 3705 Cottage Reserve Rd. N.E. Solon, IA 52333 Doris Thompson 3747 Cottage Reserve Rd. N.E. 50/04 JA 52333	H	\$ 100	
7/12/04	ID# CK#	Doris Thompson 3747 Cottage Reserve Rd N.E. Solon, IA 52333		75	
7/12/04	ID# CK#	Solon, IA 52333 Barbara G. Stephens 3737 James LM. NE. Solon, IA 52333-9232		25	
7/12/04	ID# CK#	SOLON JA 5-2333-9232 Marita McGark-Eicher 55 Somerset Jawa CHy IA 52240		20 20	
	ID# CK#				
			SUB-TOTAL	· 177) 00	

TOTAL (if last page of this schedule)

realized requires candidate committees to disciose the relationship of any relative making a contribution to the

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

277.5	-	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P
	ALCOHOL: N	200
2.00		3 1 2 2 2 2 2
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į		The second secon

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

TIVE NND THE MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

SCHEDULE

(Rev. 07/03)

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization) COMMITTEE GLECT CANDIDATE **AMOUNT** NAME AND ADDRESS TO WHOM **PURPOSE** ID NUMBER DATE **EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# U.S. Postmaster 400 S. Clinton Stamps CK# ID# CK# SUB-TOTAL 02 TOTAL (if last page of this schedule) 00

THIS BOX	APPLIES	TO CANDID	ATES' CO	MMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.6(3)(i).)

Page/	, of	
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